

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5074 63-036410
STATE FILE NUMBER

Registration District No. 145 Primary Registration District No. 1002 Registrar's No.

FILED SEP 27 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters of The Poor		d. STREET ADDRESS (If outside, give location) 2920 Forest	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Mr. Allen Robertson			4. DATE OF DEATH Month September Day 15 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-18-1887	9. AGE (last birthday) 75 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Employee			11. BIRTHPLACE (City and state or country) Manhattan Island, N. Y. U. S. A.		
13a. FATHER'S NAME Thomas Robertson		13b. MOTHER'S MAIDEN NAME Elizabeth Robertson		14. NAME OF HUSBAND OR WIFE Pearl Robertson	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Flossie Pickett Rt. 2, Harrisonville, Mo. Pearl Robertson
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 9/16/63	COUNTY Kansas City, Mo.	STATE
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21. I attended the deceased from 8/4/63 to 9/16/63 and last saw him alive on 9/15/63

21. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Joseph A. Fogarty	(Degree or title)	22b. ADDRESS 402 Northman Rd. K.C. 9 Mo	22c. DATE SIGNED 9/16/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-20-63	23c. NAME OF CEMETERY, OR CREMATORY Forest Hill	23d. LOCATION (City, town, or county) Kansas City, Mo.
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24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home	25. DATE RECD. BY LOCAL REG. 9-16-63	26. REGISTRAR'S SIGNATURE Bessie Smith
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Linwood & WOODLAND

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Joseph A. Fogarty MEDICAL CERTIFICATION

01511-000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James E. Hackleman

Licensed Embalmer No.

4573

P. O. Address

X. E. 9mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.